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TREATMENT OF CONSTITUTIONAL IRRITATION FROM LOCAL
INJURIES.

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It will be borne in mind, that the symptoms which characterize constitutional irritation from local injuries, are those which indicate a subdued and disturbed state of the vital forces, and that re-action is the first evidence of any recuperative effort on the part of nature, and the first step toward recovery. To rouse the subdued powers of life, then, and to bring them under the influence of more salutary stimuli, would appear to be the first general indication to be had in view. Assuming the patient's condition to be that which has already been described, arising from injury received by a fall from a height, or in a mode equivalent, his breathless, pulseless, and pallid condition demands repose in the horizontal posture, warmth, and the employment of gentle stimulants. If the surgeon be at hand at the moment of the injury, his first object should be to prevent all officious interference on the part of by-standers, whose well-meant endeavors are so usually misdirected. If he be not exposed to a cold or damp air, nor lying upon a wet or rugged surface, let him, for a few minutes, rest where he is, in the supine posture, which is easiest for respiration; and with his head low, to favor the restoration of the cerebral circulation, the suspension of which prolongs the state of syncope. If his immediate removal be necessary, he should be placed on a hand-barrow, or a plank covered with a folded blanket, still in the horizontal posture, and conveyed in a manner to embarrass his respiratory efforts as little as possible, to the nearest dwelling. He should be placed in an apartment where the circulation of air is free—warmth, by heated bricks or bottles of water, is to be immediately applied to his feet—and, by warm cloths, to his stomach and region of the heart. Gentle frictions with warm dry cloths are to be exercised, and if re-action is still reluctant, let the lips and nostrils be touched with ammonia—with Cologne water, or with warm spirits. A dash of cold water upon the face will produce a deep inspiration, and thus give an impulse to the circulation.

To exhibit any remedy by the mouth, while extreme prostration still exists, will only produce ineffectual efforts to swallow, and still more embarrassed respiration; but when respiration and partial consciousness are established, nothing is so grateful to the patient—nothing so refreshing, as a draught of cold water. For this, indeed, as soon as the patient is conscious of his wants, there is the most eager desire, which instinct should always be gratified. But if we have reason to believe that no

serious lesion has been inflicted upon important organs, especially the brain, and if re-action is still tardy, it is proper that warm wine and water, toddy, or a few drops of aqua ammoniæ, should be administered.

One of the most common and pernicious of popular errors (in this community at least), in regard to the treatment of cases such as I have described, is the conviction of the necessity of bloodletting. So impressed are the by-standers with this belief, that the attempt to obtain blood is often made by some intermeddler, before the case is seen by the surgeon; and if not, the latter is always importuned to use the lancet. The impropriety of resorting to it under such circumstances, is now, I believe, among surgeons, universally acknowledged. Fortunately, when the attempt is made, it ordinarily fails, in consequence of the languor of the circulation; but, could blood be copiously taken, it would only have the effect, either to defer, or perhaps altogether discourage the recuperative efforts of nature.

When, however, re-action has become established, and especially when it has been excessive, blood should always be taken in cases in which the shock has been considerable, or where organic injury has been inflicted upon any important part. Even although re-action may have been at length established, and some degree of inflammation and fever induced, the agitation of the nervous system and the morbid exercise of sympathy by no means necessarily cease. Vicissitudes of action and unequal excitement are liable still to occur. Perfect tranquillity should be enjoined, and usually it will be proper to compose the system by means of an anodyne. But the more promptly we may have cut short the period of primary irritation, the less serious will be the consecutive vascular and nervous derangement. These pathological states, indeed, bear to each other a relation analogous to that which exists between the cold and hot stages of an intermittent.

To avoid reiteration, we must necessarily defer the consideration of that variety of constitutional irritation resulting from burns, until we shall treat particularly of these injuries. I would remark, however, that those therapeutic principles which apply to other forms of irritation, are applicable here also, and we shall find the treatment of burns to be illustrated by that which we are now inculcating.

When constitutional irritation results from the action of a blister, spontaneous re-action would ordinarily soon result; but the affection is distressing, and to the patient alarming—sometimes, also, seriously protracted. It therefore demands our attention. The effectual remedy is a liberal anodyne in the form of tinct. opii, aided by external warmth and hot drinks, which dispel the more quickly the chill that usually accompanies the paroxysm.

I would here remark, that in all those cases in which the cause of irritation is for a time continued, and this pathological state in a degree protracted, narcotic anodynes are the legitimate antagonists of irritation, which they meet and neutralize in the nervous system. They constitute by far the most important class of our remedies; for, although they generally more or less excite the vascular system, they certainly obtund the sensibilities of those tissues on which irritants primarily act, and especially those of the nerves. They also, by their general influence on

the nervous system, arrest the morbid exercise of sympathy, and the communication of disease from one organ to another, or to the system.

In regard to constitutional irritation from surgical operations, we have an advantage not enjoyed in the treatment of other forms, since we may often anticipate its occurrence, and, in a degree, fortify the system against it. We also have it often in our power to select that period in the progress of the local affection propitious to the success of our operations; but this topic we shall discuss more fully under the head of amputations.

When we are about to execute a surgical operation of even trivial magnitude, upon a sensitive subject, it is prudent to administer thirty or forty drops of the tinct. opii, a few minutes before its execution. If the operation be one of formidable character, twice that quantity may be employed, care being taken to ascertain whether there exist any idiosyncracy forbidding its use.

We are often importuned by those about to suffer severe operations, to render them insensible to pain by powerful narcotics. Immediate suffering might thus, it is true, be partially obviated, but we are well aware that the secondary effects of opium are productive of cerebral engorgement, and general irritability, circumstances extremely unfavorable to the happy results of most surgical operations.

The horizontal posture is that in which a patient best endures the infliction of pain, and, when possible, this should be employed. I have recently couched the eye of a gentleman, who had been previously thrice operated upon by an intelligent surgeon, who placed him in the usual sitting posture. After each operation, he had been immediately seized with tremors, sense of faintness, and vomiting, which greatly distressed the wounded organ, and probably assisted to defeat the complete success of the operation. Warned by these occurrences, I followed the advice of Dupuytren, and in operating on this gentleman, placed him in the recumbent posture on his bed, so that no locomotion was necessary after the operation. In the first instance, he completely escaped all unpleasant symptoms, and in the second, they were slight, and did not occur for some hours, and not till he had become a little exhausted by incautious exertion.

In operations necessarily protracted and painful, the prudent surgeon will, when practicable, give his patient the occasional respite of a moment from his suffering, in order to give the vital powers an opportunity to rally. An intelligent physician, on whom I recently performed lithotomy (in whose case there was peculiar difficulty, because the calculus was encysted), assured me that but for these moments of comparative rest, he must have lost all power of endurance, and perished on the table. At these moments the patient should also be allowed cool water, or wine and water. He should be cheered by the sustaining voice of hope, and assured of speedy relief. The operation should be performed with as much celerity as is consistent with precision. From time to time the pulse should be examined, and should it at any moment give evidence of extreme prostration, the operator must desist, if possible, till re-action is in some degree induced.

Should extreme pain persist, after a surgical operation, a liberal opiate (tinct. opii f. 3*i.* to an adult) should be immediately administered, lest

the continuance of local irritation should further disturb the constitution. To preclude the occurrence of chills, such as often follow from severe, and in some, from slight operations, an anodyne may be given, the extremities be kept warm, and warm drinks be exhibited.

Constitutional irritation, induced by great loss of blood, furnishes a case of most perplexing character for the management of the surgeon. There is exhaustion, and yet there is at times over-action ;—we wish to increase the power to sustain, and yet we would sedulously avoid to increase action. At one moment the arteries bound with an apparent force, which will sometimes tempt the young surgeon to resort to the lancet ;—at another moment, their faint pulsations seem to demand the use of the most diffusible stimulants. These are both deceptive indications. In such a case, two objects are to be held in view ; the first—to restore and sustain power ; and the second—to obviate irritation, which is exhausting it by compelling it to excessive action. In all such cases there is some focus of irritation, or debility alone would be the consequence of loss of blood. The philosophical plan of treatment would therefore appear to consist in the judicious employment of anodynes, revulsives, corroborants, and in the use of nutrient, but unirritating aliments, and the careful avoidance of all moral and physical excitants. It is also highly important that the tendency to unequal excitement should be obviated by the suitable employment of local sedatives and stimulants, particularly cold and warmth.

Opium employed under these circumstances, exhibits far less of its stimulating influence than ordinarily. The occasionally increased action of the pulse is owing, not to permanent excitement in the heart and arteries, but to irritation, of which opium is the legitimate antagonist, and no sooner is a full anodyne exhibited, than the tumult of vascular action is assuaged. The salts of morphia will generally be found more salutary than opium. An idiosyncracy might forbid the use of either, and then digitalis, or the extract of hyoscyamus, may be employed.

The tonics resorted to, should be those which are but little stimulating, and which act especially on the stomach. Bitter vegetable infusions will, therefore, be selected, such as those of Columbo, quassia, &c. also the sulphate of quinine, in small doses. Preparations of iron are, perhaps, second to none in value. Porter, in small quantities, will often be found most salutary, by virtue of its anodyne, its tonic, and its nutrient qualities.

The secretions being defective, and often morbid in these cases, and the bowels usually slow, the pil. hydr. with rhubarb or aloes, will be found a salutary aperient. Harsh cathartics must be carefully avoided, for if gastro-enteric irritation do not already exist, it is easily induced.

Nothing can be more important in the management of these cases, than the observance of the most perfect tranquillity. Even the eye and ear should be placed at rest, by the absence of light and sound. So excitable is the nervous system, and especially the optic and auditory portions, that ordinary noises and light will alone keep up a perpetual excitement. I have recently treated a case of constitutional irritation from exhaustion, in which such was the exquisite tenderness of the eye, though there existed no evidence of inflammation, that not only was it necessary

to completely darken the room, but also to use a close screen over the eyes.

Whatever plan of treatment is pursued, however, it must be chronic, like the disease, and recovery must necessarily be slow and tedious.

The reader will observe that I have merely taken that view of this part of our subject which is most interesting to the surgeon. For more particular information, I must refer him to the writings of Marshall Hall and Mr. Travers. I would here remark, that when the febrile symptoms strongly qualify irritation from loss of blood, the case becomes one of irritative fever, and will be briefly discussed in its proper place.

North Amer. Arch. of Med. and Surg. Science.

THE DRESSING AND HEALING OF WOUNDS.

A LECTURE DELIVERED AT THE NORTH LONDON HOSPITAL, BY ROBERT LISTON, ESQ.

GENTLEMEN.—You would observe, that after the completion of the operation in our patient Taylor, the flap was cleared from coagula, and the incisions were put together, and retained temporarily by a very few points of the interrupted suture. Lint dipped in cold water was then applied, and ordered to be renewed frequently for the first six or eight hours, until, in fact, all oozing had ceased, and the surface had become glazed. You are aware that this period is by much the most favorable for union. The parts are then exposed, and dried thoroughly, and any coagulum that may have formed betwixt the edges, is carefully and gently removed. Your object is then, after the removal of all impediment to union (and clot impedes), to retain the parts accurately, and with the least possible irritation of any kind. This indication is fully answered by the application which you have occasionally seen employed here. It consists of a very strong solution of isinglass in spirit. This is liquified by immersion of the vessel containing it in hot water, and it is readily spread on strips of oiled silk. These are applied in the interstices of the stitches. They speedily adhere, and so firmly, that the points of suture may with the utmost safety be removed within the first twelve hours after the operation. This dressing is not disturbed by serous or purulent discharge, and it is very seldom necessary to reapply it. The plaster adheres much more firmly than any other, and is not productive of the least irritation of the surface. If the strips should be ruffled or detached by any means, their ends are cut off, and fresh bits put on instead, without incurring the risk, by a removal of the whole plaster, of interrupting the adhesion.

The part interested is placed at rest, so that the muscles affecting it are relaxed. The bed-clothes are raised by a cradle or other contrivance, in order that there shall be a free circulation of air around. No other dressing is employed or required; neither ointments, pledges, compresses, nor bandages. No one will, surely, now-a-days, pretend to say that there is any healing virtue in a composition of oil, lard, or wax, whatever absorbent earth or metallic oxide or salt may be stirred up and

incorporated with it. Those villainous compounds are applied with a view, it may be said, of facilitating the removal of dressings, and these dressings are applied for the purpose of approximating the edges and surfaces of wounds, and of absorbing discharges.

If the parts be kept cool, and no applications are made which can prevent the evaporation from the surface, the discharge will be but trifling and inconsiderable ; and as there are no dressings applied, there is no use in providing for their easy removal. If the divided surfaces do not come together readily without straining, pulling, and compressing, there is no chance of union resulting. The application of a bandage at all tightly, is productive of much uneasiness ; it interferes with the circulation ; it is thus hurtful. A slack bandage may not quite so much interfere with the curative processes, but it is useless ; and as no dressings are put on which need to be thus retained, we had better dispense entirely with its employment. I am as much awake to the benefit to be attained by bandaging, as any one can be ; but there must be a clear indication for its use,—some swelling to be got rid of, a certain position to be maintained, or a particular dressing to be kept in its place. When we cut sound structure, and have it in our power, as is then usually the case, to fashion our incisions as we choose, then we should be very much to blame indeed if we did not make them to correspond exactly, and to come together smoothly, without the aid of compression or deligation. There should be no occasion for rolling the limb from above downwards, “expending two or three five-yard rollers” in pushing and retaining the soft parts over the divided end of the bone, and thus preventing the retraction of the muscles. I have already said that, in the first instance, for any other purpose a bandage is not wanted, and must, if applied, rather prove inconvenient than otherwise ; interfering with the circulation, heating the parts, and retaining the discharges, keeping everything in a filthy state, and making the patient uncomfortable, a nuisance to himself and all those about him. I can recollect well the horrid stench that used to issue from a wound at the first dressing four or five days after operation,—the quantities of discharge, the state of the dressings,—soaked and dyed of all hues, black, brown, green, and yellow. You will find in some recent works ample directions for the methodical and “scientific” dressings of stumps. “The straps being adjusted,” you are told that it is proper to “apply a thick layer of spermaceti ointment, spread on lint, so as not only to cover the face of the stump, but that it may reach a good way up the limb ; over this lay a cushion of lint, securing all with a cross and a thin bandage.” A flannel nightcap used to be added, to make things look more comfortable. What was to be expected of all this coddling up of a wounded part ? What almost uniformly followed—viz. a profuse and rapid secretion of purulent matter, with no inconsiderable swelling. It was a source of wonder and mighty congratulation, when these did not result to their full extent, and when union was discovered to have at all ensued. But all this was of trifling moment in comparison with the state of irritation and feverish excitement in which a patient was kept for weeks by the sponging and soaking of the whole mass of dressing, the tearing away of bandages and plasters, and their reapplication day after day. The first and after dressing were too truly

looked forward to, and dreaded by the patient, as much as, if not more than, the operation itself. Several bandages were again "expended" upon the limb, to within two inches of the end of the stump: and "when this is done, lay the stump down, and remove the straps *one at a time*, sponging away any matter, and cleaning the surface; reapplying a fresh one before a second be taken off, thus going on till all be finished, leaving every here and there a little opening in the line of the incision for the matter to steal away." Then came the spermaceti pledges and the cushions of lint, the cross, and the roller, again. These quotations are from a recent work, and by a practical surgeon. In spite of all this care the bone used to peep out now and then, necrosis followed, and the patient, if he had vigor of constitution enough to bear up against the constant irritation and profuse discharge, got out of the surgeon's hands with a pointed, painful, and useless stump.

I cannot tell what the practice in hospitals is at this particular period, but the time was when surgeons were wont to follow, like a flock of wild geese, what they had seen practised by those who had gone before them. Now, gentlemen, I should have you to pursue no practice or recommendation, whatever the source, whether given in books or lectures, unless you have got, or can give, a most satisfactory reason for so doing. By pursuing the mode of dressing, the advantages of which I have endeavored to point out and exemplify, you will, in the first place, save the patient all the pain and suffering of which I have spoken, and I can assure you I have not overdrawn the picture. You will have the wound heal speedily, and with very little discharge. You can see, in fact, and without annoying the patient, what is going on, through the dressings. You can take means, by snipping the plaster a little, by the removing of one of the ligatures, for the escape of any little confined discharge; you remove the stitches very early, and have the means also of getting rid of the ligatures, as soon as they become detached. Any trifling discharge that does flow out is wiped away immediately from the taffeta covering the pillow on which the part is laid, and thus all fetor is prevented. In many cases the part lies easy and comfortable with the original dressings till the wound is closed, and the cure is completed. If, as now and then happens, slight œdema of the part should supervene, or if matter lodges after a free exit is provided, uniform support is given by bandage, so as to get rid of the swelling, or gentle compression is made with the view of diminishing the suppurating cavity.

Now, it happens that many wounds received accidentally can, from the circumstances in which they are placed, heal only by formation of new matter. The wound may have been made with a sharp instrument, and there may be no loss of substance, but it has perhaps run across the fibres, or the edges may not have been brought into exact contact, and discharge has been established. Or, again, there may have been bruising, or evulsion of a part, or lodgment of foreign matter.

Many wounds made purposely by the surgeon, as for the removal of morbid malignant growths involving the skin, must be repaired by granulation. No purpose can be answered by pulling together in any way by suture, plaster, or bandage, wounds of this kind. Any such attempt is

necessarily followed by much pain, inflammation, fever, and perhaps sloughing of the exposed surface, or of the surrounding integument.

Discharge, by which the action will be arrested, kept under or moderated, ought by all and every means to be encouraged. This indication is best answered by heat and moisture. Poultices afford these requisites, but they are upon the whole unpleasant and nasty applications. Even the simplest and best, the bread and water, is apt to become rancid, and very soon undergoes such alterations that it is no longer the same soothing epithem as when first applied. We here use (I think you must all be converts to the practice from the experience you have had of its efficacy) water-dressing ; lint dipped in water of a temperature agreeable to the feelings of the patient, and that again covered by an ample piece of oiled silk to prevent evaporation. This is renewed from time to time, at intervals longer or shorter, according to circumstances, the quantity and quality of the discharge, &c. The object is to keep the part constantly moist, and lint of two or three folds will remain so for several hours. This dressing is simple enough, gives great comfort, and is unattended with fetor. So soon as the discharge becomes healthy and plentiful, and the surface is covered by granulations, when these begin to get at all large and flabby, then some gently-stimulating or astringent lotion, containing salts of zinc, copper, or alum, may be added gradually, the effects being watched. If the discharge be too much repressed, if the surface begins to be coated with lymph, or if these signs have been neglected, and the surrounding skin also begins to show marks of inflammation, the warm water alone is to be resorted to for a time.

You may have heard of *water* dressing, and it is no new practice to apply this simple element to wounds ; Pare discovered that it was by far a more pleasing and curative application to wounds than boiling oils. Many army surgeons have had recourse to it, and the plan has been strongly recommended by a celebrated Dublin professor, not a practical surgeon I believe, and very strenuously claimed for him as a grand discovery by some of his pupils. Many of these gentlemen seem to me to have looked upon the *water* as the medicinal agent. They have applied it pure and of its natural temperature, and even in that state it is more congenial to a wound or sore than the plaisters and ointments of the *Pharmacopœias*, old or new. We, and I doubt not you, will also, when opportunities arise, make the application, but as a substitute, an elegant —if you can use such a term—and effectual one for a poultice, having all its good effects and none of its bad ones, viz. the weight and stench and adhesiveness. The great recommendation of these methods of managing wounds, whether to favor adhesion or cicatrization, is the immense saving of pain and annoyance to the patient, and the abridgment of the curative process. You will observe that no slopping, washing, or sponging the surface of sores, is here allowed. It is not, in fact, wanted. The skin, if soiled, which it seldom is when the proper system of dressing is followed, may be washed with soap and water, but interference with the granulating surface should never be encouraged or permitted. You see meddlesome dressers rubbing away, at no allowance, the tender surface of a sore, till it bleeds profusely, and the patient shrieks from agony of suffering. These people never seem to think that the

discharge is poured out for a beneficial purpose, to protect the exposed and tender surface from the influence of the atmosphere and changes of temperature.

When it is necessary to clean the neighborhood of a sore, a little fine tow should alone be used for the purpose. In hospital practice, the mischievous effects arising from the use of sponges in the wards is incalculable. A patient is admitted, say with a sore in a foul and sloughy state, attended with intolerably fetid discharge, thin and bloody. This condition may be the result of irregular living, of accumulation of filth, of inattention to changing the dressings, and so on. It is not at all necessary that there should be any specific poison applied or generated. The sore is washed, and probably the same sponge is used (it is not at all essential that the same basin and water should) for other patients laboring under wounds and sores. They all degenerate forthwith; they are inoculated with a virulent animal poison, and if proper and active measures be not instantly adopted, sloughing of granulations, of cicatrix, of integuments, and of cellular tissue, with great constitutional disturbance, will result in one and all. Much of the hospital gangrene which invaded and devastated hospitals was so occasioned. No doubt, whatever care may be taken in the best ventilated and regulated hospitals, an unfavorable change will now and then come over the cases, attributable clearly to the state of the atmosphere. But with the attention to the cautions I have given you, such alterations will prove much less frequent and much less dreadful in their consequences. I have had ample experience in this matter, and in an hospital which used to be most notoriously unhealthy. Before I took charge of it, sponges were indiscriminately used for the washing of all and sundry sores and sloughings, for the post-mortem examinations, and for the operations upon the living body. I need not tell you that a most strict and thorough search was made for all such somites, and that they were, when found, destroyed; that means were taken to prevent their replacement amongst the nurses; that the only sponges in the hospital were those kept exclusively for operations, and under the immediate charge of the house surgeons. Wards badly constructed, and the constant abode of erysipelas and sloughing sores, became henceforward sweet, and so healthy, that, under ordinary circumstances, union of wounds seldom failed: no bad test, I can assure you, of their state and condition. When I have the pleasure of meeting you here again, we shall consider the best, most effectual, and most speedy means of bringing ulcers, whatever be their nature or condition, into the state of simple purulent ulcer,—a sore disposed to cicatrize.—*Lancet.*

OBLITERATION OF THE CAVITY OF THE UTERUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Mrs. Cass, our somnambulist, died in March last, after four or five weeks illness. Previous to giving you an account of her last sickness, with the morbid appearances on examination after death, I have thought proper to send you the uterus (which by the leave of the husband

I kept) for a more particular examination. It was first put into a strong solution of corrosive sublimate, and afterwards taken out, and has since been kept in alcohol, with the addition of a little sublimate. This has given it a greater degree of hardness. It may therefore be necessary to wash it a few times in warm water to restore it to its former state.

On opening the pelvis, the appearance of the uterus was natural, but drawn and fixed more to the right side by the shortening of the right ligament (lateral). On the posterior surface of the right ovarium, was the appearance of cicatrization, much more apparent than you now find it. There were other marks of these parts having been at some former period the seat of violent and extensive inflammation—such as adhesions of the bladder, &c. But what I wish to call your attention to, is the uterus itself. Not anticipating anything peculiar in the state of this organ from its external appearance, I made those incisions which you perceive in the anterior part. The cavity between the fundus and the mouth of the os tincæ was absolutely obliterated. The extent of the cavity in the fundus you will perceive by the three threads. The triangular space included still retains, I think, its natural membrane—this cavity contained from one to two fluid drachms of dark and partly coagulated fluid, quite similar to what was discharged from the right ovarium. You will notice below the thread inserted in the os tincæ, the remains of the open mouth of the uterus. The os tincæ has entirely lost its original character, in shape and substance. The membrane covering the os tincæ, as well as that of the upper part of the vagina, you will perceive somewhat dark and porous, and at the time of examination showed strong indications of having been the *seat* of menstrual secretion. The examination was conducted in the presence of Dr. Barnard and a medical student, Mr. Hayes.

You will recollect that I alluded, in my communication, to some peculiarity of the menstrual secretions—that the discharges “were frequent and long-continued, but not profuse,” and that she was free from those symptomatic affections which so often attend uterine difficulties. Has the uterus participated at some former period in general inflammation of the pelvic viscera? If so, were its walls united by adhesive inflammation? Was this inflammation prior to the age of puberty? Has not the mucous membrane covering the os tincæ and lining the upper part of the vagina performed the menstrual function? Does not this account in some measure for the absence of the usual symptomatic affections?

The other prominent morbid appearances were principally confined to the stomach, spleen and liver—but more of this hereafter.

You will do me a favor in examining the uterus with some medical friend, and in giving me your opinion as soon as convenient.

Stanstead, L. C. June 10th, 1835.

Note.—The preparation alluded to in the above communication has been received. An examination will be made at a convenient time, in the presence of some of our distinguished anatomists, according to the request of the writer, to whom we again make acknowledgments for his favors.—ED.

CASE OF GANGRENOPSIS.

BY A. P. FULLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 10th, 1834, I was called to visit a son of Dea. G. Rigley, aged about 7 years. Was told he had been sick a day or two; that he had taken physic, together with some domestic remedies, but that he retained nothing upon the stomach, not even cold water. Found considerable arterial excitement; a frequent but not full pulse; severe pain in the bowels, and tenderness on pressure upon the abdomen; constant nausea and retching. After a fair trial, finding none of the common cathartics would be retained upon the stomach, applied a large blister to the epigastrium; allowed him as small quantity only of liquids, as he could well subsist upon; also directed an enema to be given. In a short time injection came away, and with it but very little fecal matter. **R.**—G. Opii et Hydrarg. Subm. ææ 1-4 gr. cum pane 1-2 gr. Take a pill once in three hours, until he has taken three, then follow with Ol. Ric.

11th.—Blister has filled well; stomach more quiet; pills retained, but oil ejected. Continue pills until he has taken three more; then follow with Sulph. Magnes. et Pol. Sen.; also repeat injections.

12th.—Occasional vomiting, accompanied with much thirst; pulse 120, but small; injections have brought away some scibalous stools. In the course of the day several copious evacuations of the bowels took place, and the patient experienced much relief; bowels much tunefied.

13th.—Blister looks dry and very dark; pulse small but rapid; bowels much inflated; inflammation of fauces and parotid glands; general swelling externally of throat and face, exhibiting dark redness of the surface; breath very fetid; petechiæ upon different parts of the body, particularly about blister. Patient has all the appearance of approaching dissolution. **R.** Push antiseptics to as high a degree as is consistent.

14th.—Discharges of coagulated blood with the urine; also repeated discharges of same from the bowels; gangrenous ulceration of inside of the mouth and under lip commenced; salivary glands pour out an exceedingly fetid and erosive fluid. Antiseptics appear to make no impression upon the disease; friends thought him dying several times to-day. **R.** Free use of chloride of lime, also the acids.

16th.—Blister looks more healthy; fever abated some, but gangrene extending over the lower lip.

20th.—Has continued much the same; frequent discharges of blood; gangrene continues to spread; free use of nitrate of silver does not prevent its progress, nor does the use of it internally appear to abate the putrescent symptoms.

22d.—Appears brighter; blister more healthy; ulceration continues; can take but little medicine; takes quinine, wine and water, &c. Detached portions of what appears to be mucous membrane of the bladder and intestines have been discharged for several days past.

25th.—Cough, with attempts to expectorate; but the little fellow has not power to discharge the fluid as it collects in his throat. Pulse small

and feeble ; very great emaciation ; occasionally low muttering delirium, with subsultus tendinum.

28th.—Removed with the forceps several portions of gangrenous muscle and pieces of tendons from inside the mouth.

30th.—Very feeble ; was told there had been much hemorrhage from the mouth and throat ; probably from ulceration.

June 1st.—Continues to live, but is exceedingly feeble ; retains his reason, is patient almost beyond endurance, and has exhibited a far greater degree of fortitude than is usually found among his seniors. Gangrene having now become extensive, the morbid parts highly offensive, and a line of separation having been drawn nearly the whole circumference, at the request of the lad, seconded by his father, I removed pretty much the whole of the diseased mass with the forceps and scissors. The portion removed included the whole of the lower lip, extending nearly to the bottom of the jaw bone, including the sides of mouth and a portion of the upper lip, involving the orbicularis muscle in the loss. A plaster was covered over the mouth, but the patient cannot now articulate. Consequent upon the loss of so much substance, the mouth cannot be filled with air ; guttural sounds are only made, and those not understood. The child is now an object of commiseration and of frightful mien to those unaccustomed to disease. His only method of taking drink or nourishment is through a tube inserted through the cork of a bottle.

After lingering two or three days more, he died. Indeed, no one could wish him to live, seeing the loss of the mouth could never be repaired.

Quere.—It may be noticed that the patient took only one and a half grains of calomel in the whole, and none after my third visit. Could the subsequent disease of the throat and mouth have arisen (as some malicious persons have asserted) from the use of that article ? And if it did arise from that cause, was the prescription injudicious ; or is there any other article which might have been substituted and retained as well upon the stomach ?

Albion, Me. June 9th, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 24, 1835.

MEDICAL JOURNALS.

In looking over our exchange journals, which have multiplied very considerably within the last few years, we were struck with the amount of valuable matter which is thus freely circulated in the United States. By this gradual gathering of the experience and observations of professional men throughout the country, the medical literature of the United States will very soon become exceedingly valuable. It is a subject of regret, which the conductors of periodicals have always felt, that there are fewer contributors than there should be in this extensive country. Certainly there can be no want of materials, even if nothing but practical facts

were recorded, wholly unaccompanied by the garnishings of theoretical speculations, in which physicians, more than any other class of learned men, seem disposed to indulge.

There is no other method by which the profession can so much and so immediately benefit each other and the world at large, as by frequently communicating the results of their clinical remarks on the character of diseases and the effects of remedies. Every practitioner gathers something of importance to the science of medicine; but unless he secures it while his recollections are vivid, though he may have been useful in the immediate circle of his patients, he cannot impart to another generation, which it is his duty to do, the valuable discoveries he may have made.

Evidence abounds, in the English and French periodicals, of the industry and unremitting labors of the profession in those countries. Every one seems to have found leisure for preparing something for the press; and though it is not always useful, it shows that the spirit of emulation, if not of philanthropy, urges them to observe and preserve both facts and suggestions, even if remotely related to the leading objects of medical journals.

It might be considered grossly unkind to state that there was any want of industry here, where the field is new and sufficiently ample for the ambition of any order of intellect. Still, it cannot be denied that we have to make more frequent requisitions upon European publications than is creditable to a country presenting such unlimited resources. Though their cases and imaginings are copied and recopied from one city to another, continually, it is a rare thing, indeed, to discover the reprint of an American medical report in foreign journals.

Notwithstanding the amount of manuscript received by us and other medical journals, it is yet very certain that not more than one physician in twenty, upon an average, throughout the United States, ever furnishes even a single line for the annals of medical literature. A fearfulness that some fancied inelegance may prove destructive to their intentions, undoubtedly restrains many of the most talented members of the profession from making contributions. Others are impressed with an opinion that whatever they may have in store, is too common and well understood already, and therefore wholly useless. It is desirable that a new impulse be given, or, at least, a new one felt, that the medical library-learning of the United States shall not fall below that high standard which it may easily be made to assume.

LUNG FEVER.

A HIGHLY respectable correspondent makes the following inquiry, and if any of our professional brethren of the city will answer the question, they will confer a favor. It is well known by every physician in Boston that the weekly bills of mortality are so unscientifically arranged, owing to no fault, however, of the superintendent of burials, that a committee was chosen at a comparatively recent meeting of the Medical Association, expressly with a view to correct this long neglected subject.

"I wish to inquire of the editor of the Journal what the profession in Boston understand by *lung fever*. I see nearly every week cases reported in connection, of death by lung fever and inflammation of the lungs, which appears to me a manifest contradiction in terms. I am not tenacious in regard to Nosology, and should be satisfied with Cullen's, Good's, Ho-

sack's, or any other approved system—or a collection from all the systems extant ;—but it appears to me a medical journalist ought to adhere to strictly medical language ; and if the cases are improperly put down in the bills of mortality, the editor, if he comprehends what diseases are meant, should translate them for the benefit of his readers, into a common language understood by all. I am inclined to think the term lung fever, like that of salt rheum, is used in a very loose way, and comprehends diseases of quite a variety of pathological character."

PREMIUM FOR BREEDING LEECHES.

THE attention of physicians is solicited to the following liberal offer of a committee recently appointed by the Mass. Medical Society.

The subscribers, a committee for that purpose, by authority from the Massachusetts Med. Society, hereby offer a premium of **FIVE HUNDRED DOLLARS** to any person who shall actually within this Commonwealth, within **SEVEN YEARS**, breed and produce to the Committee, the best sample of not less than one thousand well grown LEECHES from a foreign stock, and equal for medicinal uses to the best imported leeches, on the following conditions :—

1. He shall make known in writing the process of breeding, feeding, maturing, and keeping the same, to the satisfaction of a committee of the Counsellors appointed for the purpose, that it may be published for the general good.

2. He shall make known in writing to the above Committee all facts, which may come to his knowledge, relating to the natural history and habits of leeches so produced, bred and matured from their birth to their arriving at full growth.

BENJAMIN SHURTLEFF.
WALTER CHANNING.
WILLIAM J. WALKER.

The Sphygmometer.—A work with this title is advertised in London, being a memoir to the French Institute on the advantages of an instrument which renders the action of the arteries apparent to the eye. By Dr. Julius Heriston, with an improvement of the instrument and prefatory remarks by the translator, Dr. F. S. Blundell.

Congenital Fistula Ani.—It is too frequently supposed, that with the exception of some malformations, and the effects of hereditary disease, the foetus in utero is not subject to the various affections which present themselves in the adult. But experience daily disproves this supposition, which has been ably examined by the late M. Desormeaux, but we do not remember that he has enumerated fistula ani, an example of which Dr. Dorfmuller has lately seen in an infant, to which he was called immediately after its birth, for a swelling near the anus. On examination he found it to consist in a blind external fistula, extending nearly two inches along the gut ; the operation was performed when the child was four weeks old, and followed with complete success.—*Lancet.*

Influence of the Cerebellum on the Genitals.—In the last number of the *Gazette Médicale* of Paris, No. 17, M. St. Martin writes from Turin, that

Dr. Ferroresi obtained the cure of a young girl, who was afflicted with a most violent nymphomania, and two young men who suffered from an in-corrigible habit of masturbation, "by the simple application of ice to the back of the head, behind the occipital protuberance."—*Ibid.*

Academy of Science, Paris.—The place of corresponding member, which was vacant in the section of medicine and surgery, was filled up on the 20th of April. The section presented a list of candidates in the following order: M. Prunelle, of Lyons; M. Bretonneau, of Tours; Dr. Abercrombie, of Edinburgh; M. Fleury, of Toulon; and M. Bellengeri, of Turin. Prunelle obtained 35 votes, Bretonneau 11, and Abercrombie 2. The first of these gentlemen was, accordingly, declared elected.—*Ib.*

Conjectures relative to the cause of the night paroxysm in Inflammatory Diseases.—By PROFESSOR MARTINI. It is observed that, during sleep, some of the functions of organic life acquire increased energy, and that during this period, those of animal life are enfeebled in the same proportion. As, therefore, the greater number of diseases are seated in the apparatus of organic life, it follows that this class of functions must be disturbed at night. If, on the contrary, the disease be seated in the functions of animal life, there will be no night paroxysm, but rather a tendency to remission during this period.—*Journ. des Connais.*—*N. Amer. Arch.*

Prophylactic against Venereal Infection.—Dr. Erdmann remarks, that if the glans penis and prepuce be carefully washed with a strong solution of acetate of lead, after having connection with an infected female, the disease will not be communicated. A great many individuals who had adopted this precaution, entirely escaped the disease afterwards. It destroys the liability to absorption of the venereal virus, by giving rise to a hardening of the membrane.—*Grafe and Walther Journ.*—*Ibid.*

Ball in the Lungs.—This ball had penetrated the chest above the mamma, after having broken the head of the humerus. The limb was amputated at the shoulder joint, and the patient recovered speedily from the operation, but was liable to fits of dyspnoea and frequent haemoptysis for twenty-five years after, at the end of which period he died. The ball was found behind the third intercostal space in the midst of the pulmonary tissue, which adhered in this place to the third and fourth ribs. The cavity in which the foreign body was lodged, was anfractus, and communicated with dilated bronchial tubes.—*Dub. Journ.*—*Ibid.*

Defiance to Disease.—My time has been almost divided between my saddle and my bed. I never knew what it was to be fatigued when I lived temperately and went early to rest. Such a life bade defiance to disease. A celebrated physician of the last century used to prescribe it to his patients. "Live," said he, "in a saddle." That riding is the most wholesome of all exercises, I have little doubt. Despite all the vile stuff that finds its road down his throat, who ever heard of a bilious post-boy?—*Nimrod's "Hunting Tour."*

To CORRESPONDENTS.—The Cases of Malformation and of Puerperal Convulsions will be inserted next week.

DIED—In Marshfield, on the 16th inst. Dr. Charles Macomber, aged 55.

Whole number of deaths in Boston for the week ending June 20, 21. Males, 12—Females, 9.

Of fever, 1—throat distemper, 1—dropsy, 1—hooping cough, 1—bilious fever, 1—infantile, 1—lung fever, 2—consumption, 3—suicide, 1—child-bed, 2—debility, 1—dropsy on the brain, 1—disease of gland, 1—drowned, 1—fits, 1. Stillborn, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

		Fees
<i>Anatomy, and the Operations of Surgery,</i>	by JOHN C. WARREN, M.D.	\$15
<i>Chemistry,</i>	“ JOHN W. WEBSTER, M.D.	15
<i>Midwifery and Medical Jurisprudence,</i>	“ WALTER CHANNING, M.D.	10
<i>Materia Medica,</i>	“ JACOB BIGELOW, M.D.	10
<i>Principles of Surgery and Clinical Surgery,</i>	“ GEORGE HAYWARD, M.D.	10
<i>Theory and Practice of Physic, and Clinical Surgery,</i>	“ JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835. June 24—tN1. WALTER CHANNING, Dean.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	By DR. WARE.
On the Principles and Practice of Surgery	By DR. OTIS.
On Anatomy, Human and Comparative	By DR. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to DR. WALTER CHANNING, Tremont Street, opposite the Tremont WALTER CHANNING, JOHN WARE, GEORGE W. OTIS, JR. WINSLOW LEWIS, JR.

Boston, April 1, 1835.

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

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